



INSURANCE COMPANY HOLDER REPORT FORM 2004

This form must accompany all holder reports

ARE YOU A 1ST TIME FILER? Y [] N [] DID YOU ATTACH A CD? Y [] N []

ELECTRONIC FILERS: Submit a UP-1 for each business included on the CD. ZERO BALANCE REPORTS REQUIRED

HOLDER INFORMATION				
1. FEDERAL EMPLOYER ID#		2. HOLDER (Business Name)		
ADDRESS				
CITY, STATE, ZIP CODE				
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [] N [] IF YES, FURNISH AGENT NAME AND ADDRESS:				
4. NAME OF CONTACT PERSON		5. TELEPHONE ()		6. E-MAIL ADDRESS
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	9. PRIMARY BUSINESS ACTIVITY		
10. NO. OF EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS	
REPORT INFORMATION				
INTANGIBLE PROPERTY - (Outstanding Checks) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>14a. Total accounts \$50.00 or more _____</div> <div>14b. Dollar Value \$ _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>14c. Total accounts less than \$50.00 _____</div> <div>14d. Dollar Value \$ _____</div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div>14e. Report Total \$ _____</div> </div>				
OTHER PROPERTY (Safe deposit boxes, stocks, mutual funds) <div style="margin-top: 5px;">14f. Number of shares of stock or mutual fund shares _____</div>				
VERIFICATION STATEMENT				
<p>I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete as of said date to the best of my knowledge and belief.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature of Responsible Officer</p> <p>_____ Title of Responsible Officer/Agent</p> </div> <div style="width: 45%;"> <p>_____ Printed or Typed Name Responsible Officer</p> <p>_____ Date</p> </div> </div>				
FOR OFFICE USE ONLY				
CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.



INSURANCE COMPANY OWNER DETAIL REPORT FORM

FEDERAL EMPLOYER ID#	BUSINESS NAME
PAGE _____ OF _____	

When reporting 25 or more properties, a NAUPA formatted CD is required

[illegible]



SECURITIES DTC TRANSFER CONFIRMATION FORM UP-3S

This form must accompany all holder reports

Page _____ of _____

HOLDER NAME	ADDRESS	
		FEIN

GA HOLDER ID # (1)	HOLDER REPORT DATE (2)
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This form is used to notify the Georgia Unclaimed Property Program that all securities reported as unclaimed property have been transferred to the state's custodian, Merrill Lynch. New state reporting requirements mandate the transfer of all eligible shares using DTC. Specific instructions for completing this form and transferring the shares can be found in the accompanying "Instructions for Completion of Form UP-3S."

STOCK ISSUE NAME (3)	CUSIP # (4)	TOTAL SHARES TRANSFERRED (5)	DTC TRANSFER DATE (6)

I, the undersigned, certify that the securities listed above have been successfully transferred via DTC to Merrill Lynch, custodian for The State of Georgia on the date(s) indicated.

Signed _____

Title _____

Date _____